

# Victims Compensation Quarterly

Dedicated to Providing Compassionate Services to our Constituents

**When words aren't enough.**



**VICTIMS OF VIOLENT CRIME CALL: 1-800-777-9229**

## Guardianship Requirement

**A**ny person filing a Victims of Crime Program (VOCP) application on behalf of a minor victim or claimant must be the child's parent or legal guardian.

A legal guardian is an adult who is appointed by a court to care for a minor. There are two types of guardianships for minors: (1) guardianship of a person, and (2) guardianship of an estate. The guardian of the minor's person is responsible for providing the minor with food, shelter and medical care. The guardian of the minor's estate is responsible for the minor's property.

If a VOCP application is filed on behalf of a minor victim or claimant, it must be signed by the guardian of the minor's *person*. If the minor is a dependent or ward of the court, the VOCP application must be signed by a

representative of the court-appointed agency responsible for the minor, such as a social worker or probation officer.

Frequently, individuals who wish to file a VOCP application on behalf of a minor are unaware of the steps needed to file a petition for guardianship. The following briefly describes this process:

### **Documents Needed by the Court**

Information and documents required by the court may include:

- Names and addresses of living relatives of the minor;
- Copies of the death certificates if the minor's parents are deceased;
- Copy of the minor's birth certificate;
- Court documents relating to the minor.

### **Where to File**

The guardianship is generally

filed in the county where the minor resides. In California, guardianships are processed in the Probate Division of the Superior Court.

### **Obtaining Forms**

The forms that must be completed are available from the clerk of the Superior Court, who can also provide assistance and answer other procedural questions.

### **Appearing in Court**

On at least one occasion, the person who is seeking the guardianship and the minor must appear in court before the judge.

### **Letters of Guardianship**

The guardianship is not official until the court issues the *Letters of Guardianship* document.

### **Exception**

A guardianship is not required for an emancipated minor.



 <p>Published by: State Board of Control 630 K Street, 2nd Floor, Sacramento, 95814 Phone (916) 322-0685 Fax (916) 445-3779 Toll Free for Victims 1-800-777-9229 <a href="http://www.boc.cahwnet.gov">http://www.boc.cahwnet.gov</a></p> <p><b>GRAY DAVIS</b> Governor</p>	
<p><u>Members of the Board</u></p> <p>Board Chairman Director of General Services</p> <p><b>Kathleen Connell</b> State Controller and Board Member</p> <p><b>Bennie O'Brien</b> Board Member</p>	<p><u>Staff</u></p> <p><b>Darlene Ayers-Johnson</b> Executive Director</p> <p><b>David Shaw</b> Deputy Executive Director</p> <p><b>Tim Eldred</b> Managing Editor</p> <p>Writers: James Kent, Ph.D. Karen Hodgkins Jennifer Posehn</p>

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To recognize the many organizations in California who serve victims of crime, occasionally the Quarterly will include articles about the services provided by various agencies within the victim services community.

## Mobile Unit Travels to Crime Scenes

The San Joaquin County Victim / Witness Assistance Program was the first in the state to utilize a mobile unit that travels to crime scenes.

It is operated by Victim Advocates and volunteers **24 hours a day** to provide practical and emotional support to victims of domestic violence, sexual assault, and child abuse. The mobile unit is an unmarked county vehicle equipped with a police radio so that it can be dispatched **immediately** to the scene of a crime.

San Joaquin Victim/Witness Assistance Coordinator **Diane Batres** and her staff have worked for many years with the criminal justice system to develop and implement services to crime victims. The crime scene response helps ensure the victim's rights will be protected immediately following the crime.

The following two cases demonstrate the types of services provided by the mobile unit team:

When five children witnessed the stabbing of their parents, the mobile unit immediately transported the children to the hospital where they were informed of their parent's death. The mobile unit's staff



San Joaquin County Victim/Witness Assistance Center staff.

provided the children with emotional support, arranged for the victim's funerals, and for mental health counseling for the children.

### ***Victim's Rights***

Developed by the San Joaquin County Victim/Witness Assistance Center:

- *A clean house immediately after a homicide;*
- *Information regarding the status of the court case;*
- *A free restraining order immediately after criminal abuse;*
- *Support and assistance during the prosecution of a suspect;*
- *Funding of funeral/burial expenses if a family member has been killed by a violent crime;*
- *Transportation to a safe place.*

When a man was fatally stabbed at his home during an attempted robbery, the mobile unit's staff stayed with the victim's wife during her questioning by police, made arrangements for cleaning of the crime scene, assisted with funeral arrangements, and also encouraged the victim's family to seek mental health counseling.

The mobile unit's team acts as a liaison with many public and private agencies and community organizations to ensure that victims of crime will receive an immediate, competent, and coordinated response for services.



## New Mental Health Task Force

**California has the highest rate of reported child abuse and neglect among the ten largest states.**

For those who survive child abuse, the emotional trauma remains. The mental health benefits provided by the VOCP are a major component in the treatment of these children.

A new task force has been assembled to assist in the formulation of practice standards for children who are receiving mental health services through the VOCP.

The purpose of the task force is to develop standards of practice guidelines for practitioners treating child victims of trauma and to assist VOCP staff in assessing and reaching determinations on mental health claims. The task force is composed of highly skilled and knowledgeable experts renowned for their work in pediatrics, mental health, and childhood trauma.

The objectives of the task force include identifying the entire range of clinical practices that are employed to remediate the effects of trauma on children. The scope of the task force deliberations will include any and all issues that affect the quality of services to children suffering from the trauma of child abuse.

To ensure that the practice standards developed by the task force are the best possible and have a broad application,

representatives from other state agencies and professional groups who provide mental health services to trauma victims will be invited to attend task force meetings. Some of the issues to be considered by the task force include:



- Assessing the educational and training qualifications of clinicians;
- Defining the role of mental health trainees in the provision of services;
- Determining if and when medication consultation should be sought;
- Identifying what type of therapy is most effective for different circumstances or victim's ages;
- Deciding when long term treatment is appropriate;
- Determining what mental health benefits and types of mental health evaluations and treatments are the most appropriate for child victims;

- Identifying treatment or intervention practices that are not supported by available research and/or expert opinion.

A goal of the task force is to recognize the need for flexibility and good judgment in the application of these practice standard guidelines. Developing and implementing these guidelines will allow VOCP verification staff to ensure reimbursement of the most effective treatment, as well as facilitating fairness, clarity and integrity in the processing of mental health expenses.

### **MISSION STATEMENT**

The mission of the Standards of Care Task Force is to support the provision of optimal and specialized counseling services to victims of crime.



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## **Introducing**

### **THE MENTAL HEALTH SECTION**

Included in this edition is a separate section devoted entirely to mental health treatment and issues.

The Mental Health Section will be featured in future editions of this publication. It will provide information of interest to mental health professionals and update the victim services community on the mental health benefits available from the VOCP.

## Outreach in Los Angeles

Statistics reveal only eight percent of Los Angeles County crime victims apply for assistance from the VOCP.

In an effort to expand services to victims of crime, the VOCP held a provider seminar in Los Angeles from December 7th through December 9th, 1998. Information regarding services available from the VOCP and Victim/Witness Assistance Centers was provided to attorneys, representatives, and medical, mental health and funeral/burial providers who serve victims.

The event was sponsored in conjunction with the Los Angeles County and City Victim/Witness Assistance Centers. This interagency cooperation was a key component in the outstanding success of this event. Key speakers included **Tammy Fagan** of the Los Angeles City Victim/ Witness Assistance Center, **Victoria Carter** of the Los Angeles County Victim/ Witness Assistance Center, and **Darlene Ayers-Johnson**, Executive Director of the State Board of Control.

The purpose of this seminar was to:

- Foster a spirit of cooperation between all agencies that provide services to victims of crime;
  - Strengthen the VOCP's working relationship with the victim services community in Los Angeles;
  - Heighten awareness of the resources available to victims from the Victim/Witness Assistance Centers and the VOCP;
  - Ensure that victim service providers and representatives are aware of VOCP's eligibility guidelines and application process.
- Some of the topics addressed at the seminar included:
- What benefits are available from the VOCP;
  - How the VOCP can assist those who serve victims;
  - Eligibility and payment criteria;
  - Where to get information and applications for assistance;
  - Crisis intervention and emergency assistance;
  - Support services for the elderly, handicapped and child victim;
  - Where to get assistance to file for VOCP benefits.



**Organizers of the seminar include Board staff (from left) Chris Lackey, Jason Moore, Patricia Walker, Beverley O'Connell and Linda Paluda.**

This event also provided an excellent opportunity for individuals to offer suggestions to expand services to victims, including creating new VOCP brochures in various languages and providing specific information for service providers in order to facilitate reimbursement. Board staff will be working to implement many of these suggestions.

Many service providers requested that the Board conduct seminars for their staff, commented that the presentations were very informative and cleared up misconceptions about the VOCP. Service providers and others in attendance were asked to work closely with local Victim/ Witness Assistance Centers to further develop and enhance the victim services network.

Due to the success and support for this event, plans are currently underway to hold additional seminars in Los Angeles County and other locations.



**State Board of Control  
Victims of Crime Program**

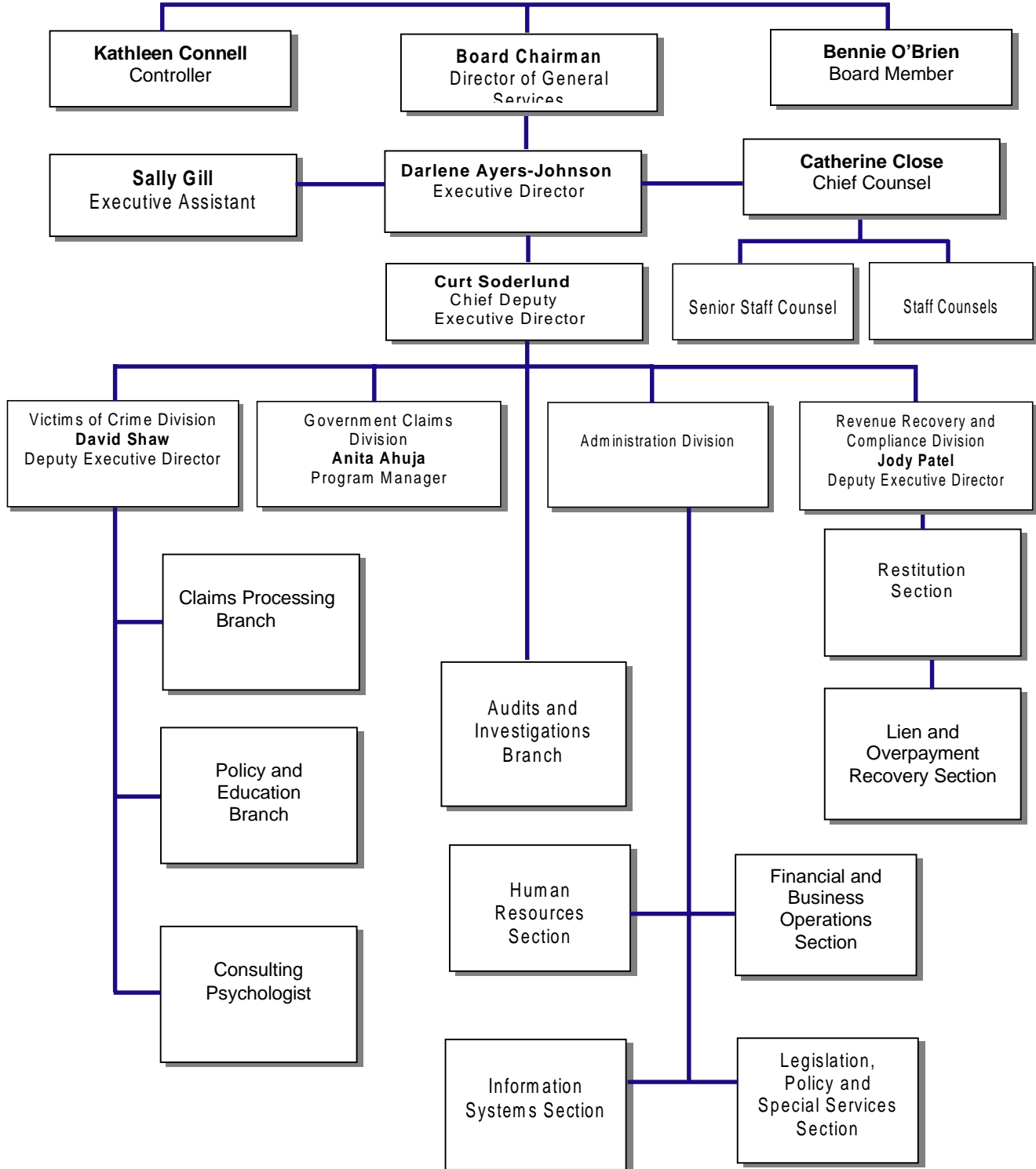
**Payments by Crime County from July 1, 1997 through June 30, 1998**

<b>Crime County</b>	<b>Amount Paid</b>	<b>Percentage Paid</b>	<b>Number of Claims</b>	<b>Percentage of Claims</b>
Los Angeles	22,779,615.44	34.06	9522	26.25
San Diego	5,723,686.48	8.55	3153	8.69
Alameda	3,665,121.85	5.48	1756	4.84
Santa Clara	3,226,298.96	4.82	1834	5.05
San Bernardino	3,041,603.57	4.54	1464	4.03
Orange	2,895,655.18	4.32	1417	3.90
Sacramento	2,717,953.24	4.06	1567	4.32
Riverside	2,282,758.82	3.41	1505	4.14
San Francisco	2,043,428.93	3.05	1103	3.04
Contra Costa	1,586,385.49	2.37	803	2.21
Sonoma	1,345,719.67	2.01	834	2.29
San Joaquin	1,153,575.37	1.72	857	2.36
San Mateo	1,104,219.01	1.65	624	1.72
Ventura	1,072,742.01	1.60	600	1.65
Solano	857,836.21	1.28	589	1.62
Stanislaus	813,914.16	1.21	523	1.44
Santa Cruz	782,756.73	1.17	515	1.41
Santa Barbara	739,005.73	1.10	489	1.34
Fresno	679,809.35	1.01	437	1.20
Monterey	619,928.06	0.92	416	1.14
Shasta	588,899.59	0.88	520	1.43
San Luis Obispo	586,182.35	0.87	490	1.35
Placer	558,396.30	0.83	417	1.14
Tulare	470,972.66	0.70	411	1.13
Kern	449,158.12	0.67	345	0.95
El Dorado	425,553.63	0.63	339	0.93
Butte	400,390.70	0.59	386	1.06
Napa	343,502.19	0.51	283	0.78
Unknown	342,374.91	0.51	122	0.33
Yolo	336,989.53	0.50	266	0.73
Humboldt	330,760.29	0.49	323	0.89
Marin	319,131.96	0.47	193	0.53
Merced	298,485.28	0.44	218	0.60
Mendocino	277,996.80	0.41	264	0.72
Yuba	202,577.74	0.30	202	0.55
Lake	185,730.74	0.27	169	0.46
Imperial	181,807.68	0.27	71	0.19
Nevada	177,935.84	0.26	126	0.34
Tehama	170,642.91	0.25	131	0.36
Sutter	123,913.83	0.18	125	0.34
Madera	94,566.52	0.14	93	0.25
Kings	93,256.82	0.13	92	0.25
Amador	91,412.17	0.13	84	0.23
Tuolumne	85,446.41	0.12	98	0.27
Siskiyou	83,463.36	0.12	67	0.18
Glenn	74,781.13	0.11	67	0.18
Mariposa	68,740.88	0.10	26	0.07
Inyo	67,130.09	0.10	53	0.14
Calaveras	66,954.18	0.10	61	0.16
San Benito	45,090.64	0.06	38	0.10
Del Norte	38,147.64	0.05	51	0.14
Modoc	33,387.47	0.04	9	0.02
Lassen	30,606.46	0.04	27	0.07
Trinity	29,618.48	0.04	32	0.08
Mono	25,193.26	0.03	17	0.04
Colusa	23,924.72	0.03	32	0.08
Plumas	11,751.71	0.01	12	0.03
Sierra	6,747.00	0.01	2	-
Alpine	1,218.13	-	1	-
<b>TOTALS</b>	<b>\$66,874,854.38</b>	<b>99.72</b>	<b>36,271</b>	<b>99.74</b>

*Source: Board's Data Processing System*

# STATE BOARD OF CONTROL ORGANIZATIONAL CHART

## Three Member Board of Control



## New Poster Campaign


The Board recently launched a new campaign to distribute more VOCP posters. Beginning in April 1999, new VOCP posters will be distributed at quarterly intervals to law enforcement agencies, hospitals, Victim/Witness Assistance Centers, court administrators and various victim organizations and community groups. The Board also expanded its current distribution list to include fire departments, schools, and universities.

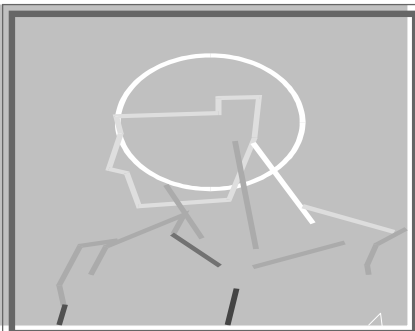
The launching of the new poster campaign will coincide with the 1999 National Crime Victims' Rights Week. These new posters will portray the profound effects of crime on victims and serve as a reminder of the assistance available from the VOCP. One of these new posters is featured on the front page of this publication.

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### 1999 National Crime Victims' Rights Week April 25-May 1, 1999

During this year's National Crime Victims' Rights Week, thousands of individuals and organizations across the nation joined together to honor victims of crime and those who serve them. This year's theme, **Victims' Voice: Silence No More**, reflects the need for victims of crime and their supporters to speak up for victims and recognize the progress that has occurred in victims' rights and services in America.

This week focused on meeting the immediate and long-term needs of crime victims and increased public awareness about the devastating effects of crime. Citizens were encouraged to participate in the observance of this special week by wearing victim awareness ribbons and attending the Victims' March on the Capitol on April 27. The flag above the Capitol was flown at half-staff in observance of those whose lives have been affected by crime. 



# The QAMH READER

A Publication of the Quality Assurance Mental Health Unit

No. 1

The QAMH READER is a publication of the Quality Assurance Mental Health Unit of the Victims of Crime Program.

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For The Child

## The Standards of Care Task Force

The Victims of Crime Program (VOCP) has convened a task force to make recommendations for mental health practice standards for the treatment of child trauma victims. The task force is comprised of practicing experts in the field throughout the state. Task force members meet once a month. The members are serving on a voluntary basis. The task force hopes to complete its work by the end of the year. The expected products are a publication intended for practitioners and a manual for use by VOCP staff. The manual will be written by QAMH staff based on the recommendations of the task force. The publication for practitioners will be the work of the task force members and will also contain their

(Cont'd., see SOC, pg. 3)

## The QAMH Reader Newsletter

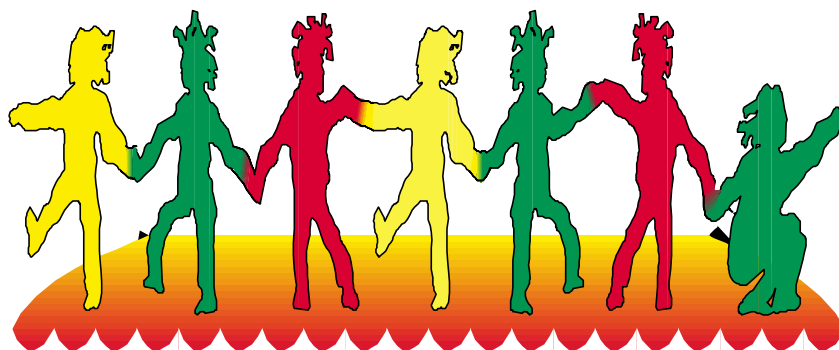
This is the first of what we hope will be a continuing series of newsletters devoted to mental health issues which bear on our work in the VOCP or which the editors just happen to think are interesting and want to pass along. We will gladly consider suggestions for topics for future newsletter articles. The types of topics we are currently envisioning for this insert are as follows:



□ Articles about "mental disorders" which are commonly encountered in our work, e.g., Post Traumatic Stress Disorder, Dysthymia, Depression, Dissociative Identity Disorder, Acute Stress Reaction, etc.

□ Articles about goals and distinctions between different kinds of treatment interventions from individual and group psychotherapy to hypnotherapy and biofeedback. We will also try to explain the pros and cons

(Cont'd., see Reader, back pg.)



## **The Multi-Axial Diagnosis**

*This article on Multi-axial Diagnosis is the first in a series of articles that will appear in each addition of The QAMH READER on diagnosis frequently seen in VOCP mental health claims.*

The system used by mental health professionals to describe "mental disorders" is incorporated in a book titled Diagnostic and Statistical Manual of Mental Disorders. It is in its fourth publication and is generally referred to as "DSM-IV." The first in the DSM series was not published until 1952. Prior to that time, the only common language for describing mental disorders was contained in the International Classification of Diseases (ICD), which was intended primarily for the classification of physical diseases. DSM-I was an expansion of the ICD 6 section on mental disorders, which was itself much influenced by the Veterans Administration which was struggling to find ways of diagnosing the various mental conditions which were encountered in World War II veterans.

DSM-I was published by the American Psychiatric Association. It was an attempt to establish a system of diagnosis that would improve clinical practice, permit more precise communication among professionals by having agreed upon criteria for the various diagnoses, and would result in more accurate public health records. The DSM series is generally neutral with respect to the issue of etiology, or

causation, of various mental disorders. The focus is on observable manifestation rather than causes in establishing a diagnosis. One of the few exceptions to that is the diagnosis of Post-Traumatic Stress Disorder (PTSD), which does require in the diagnosis the presence of a specific causation (i.e., a traumatic event).

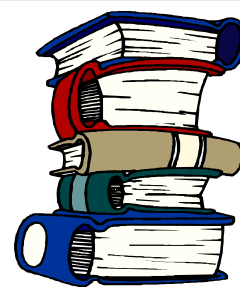
The DSM-IV system of diagnosis require that the clinician evaluate the patient with respect to 5 areas, or domains. The evaluation is reported on each of 5 axes in the following way:



Axis I: This axis is used to report all disorders and conditions in the Classification except for Personality Disorders and Mental Retardation. Additionally, Other Conditions That May Be a Focus of Clinical Attention are also reported here. When there is more than one disorder or condition listed on Axis I, the principal diagnosis should appear first. If the principal diagnosis is an Axis II diagnosis, it should be so noted on Axis II.

Axis II: This axis is used to report Personality Disorders and Mental Retardation. It can also be used to list maladaptive personality features and defense mechanisms. These features are noted when they do not reach the threshold for a Personality Disorder yet are clinically significant.

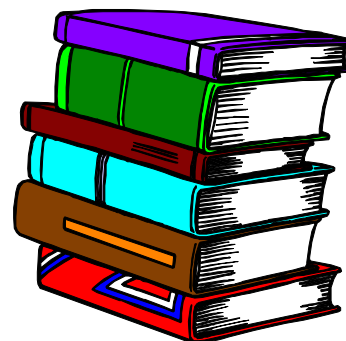
Axis III: This axis is used to report general medical conditions that could be relevant to the understanding or management of the individual's disorder. This information is of particular value for other health care providers that may be involved in the individual's care and encourages communication between multiple providers of care.



Axis IV: This axis is used to report psychosocial and environmental problems that might impact the diagnosis, treatment, and prognosis of mental disorders (reported on Axes I & II). Generally, these problems are ones that have been present during the year preceeding the current evaluation. Occasionally, problems that preceed this period may be listed if that problem clearly contributes to the mental disorder or have become the focus of treatment.

Axis V: This axis is used to report the clinician's judgement of the individual's overall level of

**(Cont'd, see Multi-axial back pg.)**



**(SOC cont'd from pg. 1)**

recommendations. A list of the members of the task force as well as liaison persons with state agencies and professional associations are as follows:

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**This Issues Research Feature**

The following is a summary of an article  
featured in [Science Daily](#).

**Brain Activity Changes in  
Maltreated Children**

A new study by University of  
Wisconsin-Madison Psychologist  
Seth Pollak suggests that a  
specific survival skill, learned by  
abused children may actually  
trigger biological changes,  
altering the way the brain  
processes anger.

Pollak, an assistant professor of  
psychology and psychiatry and  
Waisman Center Investigator  
indicated child-abuse victims  
learn to spot signs of anger early  
as a survival skill and that his  
findings shed new light on why  
traumatic early experiences can  
have such long-lasting and  
pervasive effects for victims of  
child maltreatment. The research  
also could suggest better  
treatment for overcoming past  
abuse.

**(Cont'd, see Brain, back pg.)**

**(Reader cont'd from pg. 1)**

of some methods of intervention which are more controversial, such as EMDR - Eye Movement Desensitization Reprocessing.

☐ Articles about mental health issues in the news which we encounter in our work, such as "recovered memory" (delayed memory, repressed memory, etc.).

☐ Summary reports of research findings from current professional journals which specialize in the field of trauma, especially findings which bear on the short and long range effects of violent crimes on its victims.

☐ Invited articles from others on special topics, in which you, the reader, have expressed interest.

☐ Reports of some of the results of the VOCP's Database Research Project.

☐ Summary reports on recent conferences that relate to our work.

**The goals of the newsletter include:**

☐ Use as an outreach and educational tool for Board and Victim/Witness Assistance Center staff regarding mental health issues and topics.

☐ Use as an informational vehicle to other state agencies, the mental health provider community, and other interested parties ( i.e., professional associations and advocacy groups).

☐ Use as a means to update readers on the progress of the Standards of Care Task Force.

**(Multi-axial cont'd from pg. 2)**

functioning on a scale of 0-100. The clinician uses the Global



Assessment of Functioning (GAF) Scale to report this information. This information can be useful as a way to track the

individual's clinical progress in global terms using a single measure. This scale is not used for physical or environmental impairments and is typically a measure of the current evaluative period unless so noted.

PTSD will be discussed in the next issue of the QAMH Reader.

**(Brain, cont'd from pg. 3)**

The study, which was presented to the Society for Psychophysiological Research last fall, looked at differences in brain electrical activity between children who had suffered specific forms of child abuse and children who had not suffered maltreatment. The study involved 28 maltreated children and 14 who were in the control group, all aged 7-11 years old.

In the study, the children were shown a series of pictures of faces depicting happy, angry or fearful faces while being monitored for electrical brain activity.

What was striking about the results was the virtually identical responses for both groups when responding to the happy or fearful faces. But with angry faces, the children who were maltreated, produced dramatically stronger and longer-lasting responses.

About the dynamics of an abusive home, Pollak says "Anger becomes a very salient cue that something in the child's environment is about to change." "In fact, their survival and coping may well depend on their ability to detect this change early."

Additional information on this study can be found at: <http://www.sciencedaily.com/releases/1999/04/990405065725.htm>

**Ideas For Future Articles?**

The QAMH READER welcomes suggestions and ideas for future articles. Please submit suggestions and ideas to the Newsletter Coordinator, Brian Lew, at (916) 323-2665, Fax at (916) 323-2953, or e-mail at [Blew@boc.ca.gov](mailto:Blew@boc.ca.gov).

